

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016265

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

FILED MAY 8 1962

Primary Registration District No. _____

Registrar's No. 175

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Smithton

Length of stay in b

Life

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR ROUTE 1, Smithton, Mo.
INSTITUTION 7 Mile South east of Sedalia

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY

Smithton,

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route 1, Smithton, Mo.

(If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

WILFORD

Middle

E.

Last

FURNELL

4. DATE OF DEATH

Month

April

Day

28,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-1-1925

9. AGE (last birthday)

36

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trucking

10b. KIND OF BUSINESS OR INDUSTRY

Owner

11. BIRTHPLACE (City and state or country)

Sedalia, Missouri

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

William Perry Funnell

13b. MOTHER'S MAIDEN NAME

Ethel Maness

14. NAME OF HUSBAND OR WIFE

Hazel P. Funnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) If yes, give war or dates of service
yes World War II

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Hazel P. Funnell - Route # 1 Smithton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Malignant Metastases

7 mo.

DUE TO (c)

Abdominal Sarcoma

9 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-14-61 to 4-24-62 and last saw him alive on 4-24-62Death occurred at 5:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Donald K. Kirby D.O.

(Degree or title)

22b. ADDRESS

814 W. 16th Sedalia, Mo.

22c. DATE SIGNED

4-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Smithton Cemetery

23d. LOCATION (City, town, or county)

Smithton Missouri

(State)

24. FUNERAL DIRECTOR

D. W. Heckart

ADDRESS

Gillespie Funeral Home Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

April 30, 1962

26. REGISTRAR'S SIGNATURE

Charles Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 28 1962

MAY 23 1962
JUN 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Tamm Jr.

Licensed Embalmer No.

5173

P. O. Address

Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.